



## *News and Announcements* *New, Single, Progressive* *Examination for Medical Licensure* *Is Now in Place*

*Introduction of the Third and Final Step of the New  
United States Medical Licensing Examination  
(USMLE) Establishes for the First Time a Single  
Evaluation System Available to All Physicians in the  
U.S.*

When applicants for medical licensure took Step 3 of the new **United States Medical Licensing Examination (USMLE)** in June, the occasion marked the completion of the phased-in introduction of the new, progressive three-step examination. For the first time, the United States now has a single medical licensing examination for allopathic physicians.

The USMLE project is sponsored and developed by parent organizations, the Federation of State Medical Boards of the United States (FSMB) and the National Board of Medical Examiners (NBME). The USMLE replaces two separate examination sequences, developed previously by USMLE's parent organizations: the NBME certifying examinations Parts I, II and III; and the Federation Licensing Examination (FLEX). In the past, most graduates of accredited U.S. medical schools received licensure on the basis of NBME certification and about 25% were licensed on the basis of FLEX. Qualified graduates of foreign medical schools seeking U.S. licensure were required to take the FLEX.

The new USMLE is a progressive examination open to qualified candidates, whether they are graduates of U.S. or foreign

medical schools. It requires all three steps to be completed to provide adequate assessment for initial medical licensure. Each step complements the others and is comprised of multiple-choice questions administered in a 2-day time period. Each step is administered twice annually. Phase-in of the new, single evaluation system began in 1992 with the first administration of USMLE Step 1 in June, and of Step 2 in September.

"Now, all qualified applicants for medical licensure are able to take the same examinations, eliminating the previous 'separate but equal' system," said Dr. James R. Winn, Executive Vice President of the Federation of State Medical Boards.

He stressed that the USMLE was specifically designed to assess the ability of medical students, or graduates, to successfully demonstrate and apply their basic biomedical and clinical knowledge to the real-life demands of medical practice. "The multi-disciplinary USMLE step examinations are designed to determine candidates' ability to use their knowledge to provide safe and effective patient care," he added.

"The USMLE development process represents direction and comment from a wide spectrum of views from the entire medical community," said Dr. L. Thompson Bowles, President of the National Board of Medical Examiners.

Results of USMLE are reported to state medical boards in the United States and its territories to facilitate the assessment procedures each medical licensing authority uses to grant initial licenses to practice medicine. All medical licensing authorities require successful completion of an examination, or other certification, demonstrating qualification for medical licensure. However, each individual board is autonomous, and specific rules and regulations vary from board to board.

The USMLE program guidelines recommend that medical licensing authorities require completion of Steps 1, 2, and 3 within a 7-year period, which commences when the medical student, or graduate, first passes Step 1 or 2. It is also recommended that licensing authorities limit the number of attempts allowed to pass each Step and that completion, or near completion, of at least one

postgraduate training year be a prerequisite for a candidate's eligibility to take Step 3.

Recognizing that some medical students and graduates may have successfully completed part, or parts, of the NBME or FLEX examination sequence before USMLE was implemented, the USMLE program includes recommended combinations of these exams that state boards may consider acceptable to meet exam requirements for licensure during the transition. The USMLE program suggests that such combinations be accepted for medical licensure only if completed prior to the year 2000.

The USMLE initiative dates back to 1988, when the FSMB and the NBME formed a coalition task force of several national medical organizations to discuss the concept of a single examination for medical licensure. The USMLE is governed by the FSMB and the NBME through a Composite Committee that also includes representatives from the Educational Commission for Foreign Medical Graduates (ECFMG), and the public.

Based in Fort Worth, Texas, the Federation of State Medical Boards (FSMB) is a national voluntary association of U.S. medical licensing and disciplinary boards. Members include the medical licensing boards of all the states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, and 12 of the 16 independent osteopathic medical boards. Affiliate members include the 10 Canadian provincial licensing authorities and the health board of the Federated States of Micronesia. Since its establishment in 1912, the Federation has promoted the adoption, maintenance, and advancement of effective and uniform standards for licensure and discipline in medicine and the healing arts.

The National Board of Medical Examiners (NBME) is a non-profit, independent organization that prepares and administers qualifying examinations for assessment of health professionals' qualifications for licensure and certification; provides evaluation services to medical schools and other institutions of health professions education; and conducts research and education in evaluation.

General inquiries regarding the USMLE program may be di-

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